

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10733561</div>		Filing Date 	
				Applicant(s) 			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							51
2							52
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4							54
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47							97
48							98
49							99
50							100
Total Indep			4				Total Indep
Total Depend			20				Total Depend
Total Claims			24				Total Claims

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep						
Total Depend						
Total Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep						
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